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ABSTRACT

For millions of people, gambling offers a harmless and entertaining diversion from everyday life. For others, however, gambling represents a moment of overwhelming compulsion. Gambling for these individuals is tied to their self-esteem. They rarely have non-gambling hobbies and many times they have experienced a "big win." The average compulsive gambler has an IQ of 120 and started gambling before age 14. They are risk takers, energetic, strong-willed, unreasonably optimistic, and frequently fall into financial ruin. As was the case with alcoholism 30 years ago, compulsive gambling is a misunderstood illness. Unlike alcoholism, compulsive gambling is a "drugless" addiction, although gamblers describe the sensations they experience as being quite similar to those experienced by chemically dependent persons. This gambling euphoria is related with endorphin release in the brain and withdrawal symptoms associated with the cessation of gambling arise from the accompanying endorphin deficiency. Compulsive gamblers can convincingly cover their illness. Their partners may question their own worth and break off ties with families and friends as they battle financial loss and depression. Frequently, the gambler also has some kind of chemical dependency and unless both addictions are treated, the potential for the posttreatment replacement of one dependency for another is high. (RJM)

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FACTS ON COMPULSIVE GAMBLING AND ADDICTION

by Arnold Wexler & Sheila Wexler

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New Jersey Alcohol / Drug
RESOURCE CENTER AND CLEARINGHOUSE
Center of Alcohol Studies-Rutgers University

FACTS ON COMPULSIVE GAMBLING AND ADDICTION

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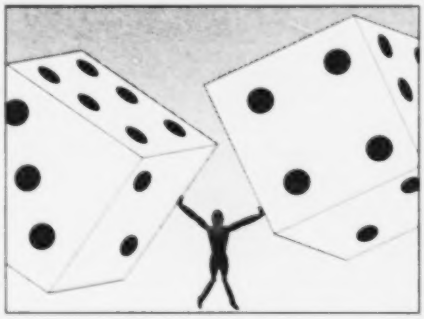
For millions of people, gambling offers a harmless and entertaining diversion from everyday life. Whether playing bingo or baccarat, these people are participating in a legitimate and time-honored recreational activity by taking a chance on an unpredictable event in the hope of winning.

For others, however, the simple act of placing a bet is a vastly different experience. What seems a moment of elation or excitement for some gamblers is in reality a moment of overwhelming compulsion–a moment in which these people have lost the ability to control their gambling behavior. These individuals cannot resist the impulse to gamble–they are compulsive (pathological) gamblers.

The social (nonpathological) gambler differs from the compulsive gambler in that he or she can quit gambling anytime, win or lose. This seems due to three factors: (1) there is no self-esteem tied into winning or losing; (2) other aspects of their lives are more important and rewarding; and (3) they rarely have a big win.

With compulsive gamblers the opposite is characteristic–they fail to resist impulses to gamble, and their gambling behavior compromises, disrupts, or damages personal, family, or vocational pursuits. Compulsive gamblers exhibit a preoccupation with gambling. They have no hobbies, or only those connected to gambling. Honeymoons or family vacations are planned where gambling is available. Alienation from friends and family occurs, since the compulsive gambler becomes easily bored in social situations and prefers to socialize with people who have a gambling lifestyle. Frequently there is a big winning episode which is clearly remembered as "The Big Win."

Personality changes will occur. The average compulsive gambler has an IQ of over 120, and 96% of all compulsive gamblers started gambling before age 14. Abundant energy and unreasonable optimism are common traits of compulsive gamblers. They are characteristically risk takers, especially in financial ventures. They become restless and irritable when not gambling, and will try to avoid conflict by lying, distorting, or exaggerating. They will become hypercritical and often will blame others for gambling losses, and will brag about winnings, minimize losses, increase the amounts wagered, and become remorseful over losses.



Compulsive gamblers will bet until nothing is left: savings, family assets, personal belongings–anything of value that may be pawned, sold, or borrowed against. They will borrow from co-workers, credit unions, family, and friends, but will rarely admit that it is for gambling. They may take personal loans, write bad checks, and ultimately reach and pass the point of bankruptcy. Unlike alcoholics, who know that what they take goes into a bottle and is lost, compulsive gamblers believe that they are borrowing, and will replace what has been taken — after a "big win." However, no win is ever "big" enough. In desperation, compulsive gamblers may panic and often will turn to illegal activities to support their addiction. They may even have brushes with the law.

As was the case with alcoholism 30 years ago, compulsive gambling is a largely unrecognized and often misunderstood illness. In contrast to alcoholism and other drug problems, compulsive gambling is a "drugless" addiction. This addiction is characterized by the uncontrollable and overwhelming need to gamble, similar to an alcoholic's need to drink or drug addict's need for a "fix."

Gamblers get high without putting anything into their bodies. However, gamblers describe sensations they experience as being quite similar to those experienced by substance users and chemically dependent persons. Many gamblers will describe their excitement as a "fix." If asked, most dual-addicted cocaine addict/compulsive gamblers will tell you gambling gives them the bigger high. Some drug addicts, who are also gambling addicts, will sell their drugs for gambling money.

The euphoria associated with compulsive gambling is related to endorphin release. This is characterized by elevated subjective excitement and physiological arousal. Endogenous endorphins, which have been implicated in chemical dependence, produce effects similar to exogenous opioids. Many factors found in chemical addiction, including withdrawal symptoms, can also be found in the compulsive gambler. Gambling can elicit stimulating, tranquilizing, or pain-relieving responses, or all three simultaneously. Withdrawal symptoms associated with the cessation of gambling are related to the accompanying endorphin deficiency, and often mimic chemical withdrawal symptoms.

For late-stage compulsive gamblers, the thrill ends when the bet is placed, not when the game is won or lost. The excitement of the win is only to obtain more money to place the next bet. They are too preoccupied with planning the next "fix" to care about the outcome of that bet.

Compulsive gamblers are characterized as successful and strong-willed. They will do whatever is necessary to continue to survive and convince those around them that they are normal, and they usually appear to be exemplary and dedicated employees. These are often the people who run the office pools–on anything from football games to the time and date that "Sally in Accounting" has her baby.

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Gambling can get so out of control that the gambler may destroy not only his or her personal life but those of family members and significant others. Often the gambler's cover-ups and manipulations are so convincing that the spouse or partner begins to question his/her own judgment. They begin to blame themselves and doubt their worthiness. They may begin to feel unloved while playing second fiddle to the gambling. As the cycle of hopelessness continues, the partner of a compulsive gambler finds it difficult to cope with even the most simple tasks.

As partners become more and more involved with the progression of the disease and less able to cope with the gambling problem, they experience their own progression into helplessness and hopelessness and gradually cut themselves off from family and friends, too ashamed to admit their loved one has a gambling problem. They might sit at home alone day after day, terrified the compulsive gambler will desert them. Family members make excuses for the compulsive gambler's addiction and experience frequent arguments, feelings of rejection and resentment, loss of self-confidence, and increased fears, worries, anxiety, and panic. At the depths of despair, family members may suffer from mental breakdowns, turn to alcohol and/or drugs for escape, follow through on divorce actions, and consider or attempt suicide.

Financial problems and pressures are present. These include telephone calls from bookies or loan sharks, calls from friends or relatives to whom the gambler owes money, and threatening mail and calls from banks or financial institutions. The compulsive gambler may have taken a second mortgage or equity loan, cashed or taken a loan on an insurance policy, or sold or pawned anything of value–with or without the knowledge of the partner. While compulsive gamblers go to great lengths for gambling money, there is often no money for food or other basic needs. Children may be neglected or suffer emotional and/or physical abuse.

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As the cycle spirals downward, the compulsive gambler may also contemplate suicide as a way out of his or her problems. Friends and family members may try to "rescue" the compulsive gambler with money for a "bailout." Bailouts only enable the compulsive gambler to continue the addiction and delay the "bottoming-out" process–the point at which the gambler may begin to seek help. The answer is neither to bail out nor to shut out the gambler: the answer is for family members to get help for themselves, whether or not the gambler is ready for help, and to assist the compulsive gambler in seeking counseling.

In a survey of New Jersey treatment centers, 28% of patients receiving inpatient treatment and 22% in outpatient treatment for chemical dependency had gambling as a co-addiction. In some cases, gambling is the primary addiction. This is not surprising, especially if the dual addiction is alcoholism. One study reported that 25% of surveyed gamblers used alcohol and/or other drugs while gambling. The potential for the replacement of one dependency for another is high and can result in relapse. In cases where there is a clear pattern of dual addiction, relapse may result unless both addictions are treated.

The treatment community needs to assist alcoholics and drug addicts to identify the problem of compulsive gambling. This can be done by adding questions pertaining to gambling on intake forms and/or by administering the South Oaks Gambling Screen, a diagnostic test that assists in determining if compulsive gambling is present. Educational lectures and films can be added to existing programming. Staff can expand their knowledge of addiction by receiving training about compulsive gambling. It is also necessary to include Gamblers Anonymous in aftercare planning.

While compulsive gambling may be a hidden disease, the professional community needs to break the code of silence around this addiction.

References

Blaszczynski, A., Winter, S., McConaghy, N. (1986). Plasma endorphin levels in pathological gambling. *Journal of Gambling Behavior, 2* (1), 3-14.

Ciarrochi, J. (1987). Severity of impairment in dually addicted gamblers. *Journal of Gambling Behavior, 3* (1),16-26.

Ciarrocchi, J., Kirschner, N., & Fallick, F. (1991). Personality dimensions of male pathological gamblers, alcoholics, and dually addicted gamblers. *Journal of Gambling Studies, 7* (2), 133-141.

Custer, R. (1985). *When luck runs out: Help for compulsive gamblers and their families*. New York, NY: Facts on File Publications.

Gamblers Anonymous; A new beginning. (1989). Los Angeles, CA: GA Publishing Company, Author.

Gamblers Anonymous; Sharing recovery through Gamblers Anonymous. (1984). Los Angeles, CA: GA Publishing Company, Author.

Reilly, P., & Guida, F. (1991). *Prevalence of problem and pathological gambling among outpatient mental health clients using the South Oaks Gambling Screen*. Report prepared for N.J. Department of Higher Education: Trenton, NJ.

Wexler, S. (1990). Compulsive gambling: The addiction connection. *Topics and Commentary; New Hope Foundation, 1* (1), 1-2.

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